

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHWEST HARVEST EMM		D Employer identification number 91-0826037
	Doing business as		E Telephone number 206-625-0755
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98102		G Gross receipts \$ 70,855,140.
F Name and address of principal officer: THOMAS REYNOLDS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.NORTHWESTHARVEST.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967	M State of legal domicile: WA
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>GROWING FOOD JUSTICE THROUGH COLLECTIVE ACTION.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	150
	6 Total number of volunteers (estimate if necessary)	6	2660
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	47,661,586.	46,735,806.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,794,925.	12,654,430.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	947,794.	977,491.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	835,058.	1,173,581.
		56,239,363.	61,541,308.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,716,683.	31,713,203.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,473,805.	11,146,776.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,246,642.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	7,105,513.	9,672,429.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,296,001.	52,532,408.	
19 Revenue less expenses. Subtract line 18 from line 12	2,943,362.	9,008,900.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	90,945,620.	102,171,236.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,170,103.	5,123,395.
	86,775,517.	97,047,841.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	THOMAS REYNOLDS, CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MEGAN R. RYAN	MEGAN R. RYAN	05/10/24		P00737884
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLARK NUBER PS	91-1194016		425-454-4919	
	Firm's address				
	10900 NE 4TH ST STE 1400				
	BELLEVUE, WA 98004				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS GROWING FOOD JUSTICE THROUGH COLLECTIVE ACTION. THE ORGANIZATION'S VISION IS ENDING HUNGER IN WASHINGTON STATE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 40,016,743. including grants of \$ 27,117,412.) (Revenue \$ 12,654,430.) NORTHWEST HARVEST COLLECTS FOOD AND CASH DONATIONS TO PURCHASE AND DISTRIBUTE FOOD TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT NO CHARGE. DURING THE 2023 FISCAL YEAR, MORE THAN 21.4 MILLION POUNDS OF FOOD WAS DISTRIBUTED. HIGHLIGHTS INCLUDE: DISTRIBUTION - NORTHWEST HARVEST WAS PART OF THE STATE'S COVID-19 HUNGER RELIEF TASK FORCE IN AN UNPRECEDENTED EMERGENCY PARTNERSHIP.

4b (Code:) (Expenses \$ 4,595,791. including grants of \$ 4,595,791.) (Revenue \$) ACCESS - WE EXPANDED ACCESS TO RURAL COMMUNITIES, BLACK, INDIGENOUS AND PEOPLE OF COLOR BY SERVING ADDITIONAL AREAS AND FACILITATED A CASH-EQUIVALENT PROGRAM WITH MAJOR CORPORATE SUPPORT AND BY ADDING VARIOUS COMMUNITY BASED ORGANIZATIONS (IMMIGRANT ORGANIZATIONS, TRANSITIONAL HOUSING SITES, FAITH COMMUNITIES, SHELTERS & CLINICS) IN FOOD DELIVERIES IN SOUTH KING, PIERCE, YAKIMA & SPOKANE COUNTIES.

4c (Code:) (Expenses \$ 765,267. including grants of \$) (Revenue \$) PUBLIC POLICY - EXPANDED ACCESS TO SCHOOL MEALS SUCH THAT OVER HALF OF ALL WASHINGTON STUDENTS CAN ACCESS SCHOOL MEALS WITHOUT COST OR BARRIERS, INCREASED FUNDING FOR A STATE FOOD BOX PROGRAM THAT SUPPORTS BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR OWNED FARM AND FOOD BUSINESSES TO PROVIDE FOOD TO COMMUNITIES WITH HIGHER RATES OF HUNGER AND FOOD INSECURITY, SECURED A DIAPER SUBSIDY FOR FAMILIES WITH CHILDREN IN DEEPEST POVERTY THROUGH TANF, AND PASSED LEGISLATION TO INCREASE ACCESS FOR PEOPLE TO APPLY FOR PUBLIC BENEFITS IN-PERSON.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 45,377,801.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS REYNOLDS - 206-625-0755
PO BOX 12272, SEATTLE, WA 98102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS L REYNOLDS CHIEF EXECUTIVE OFFICER	40.00			X			258,588.	0.	37,713.	
(2) WAYNE SHORTER CHIEF OPERATING OFFICER	40.00					X	183,935.	0.	33,846.	
(3) LAURA HAMILTON EWING CHIEF ADVANCEMENT OFFICER	40.00					X	170,848.	0.	34,204.	
(4) CYNTHIA L CHAVEZ CHIEF FINANCIAL OFFICER	40.00			X			168,819.	0.	20,514.	
(5) JAMES D GIBBS CHIEF OF STAFF	40.00					X	153,346.	0.	20,360.	
(6) LAWANDA GRAHAM DIRECTOR OF IT	40.00					X	138,850.	0.	32,043.	
(7) GARY D NEWTE DIRECTOR OF SOURCING & PROCUREMENT	40.00					X	132,350.	0.	32,664.	
(8) SCOTT MCQUILKIN BOARD CHAIR	3.00	X		X			0.	0.	0.	
(9) RACHEL BEDA CHAIR-ELECT/CHAIR	3.00	X		X			0.	0.	0.	
(10) BRANDON PEDERSEN TREASURER THRU 12/22	3.00	X		X			0.	0.	0.	
(11) CRIS HALES SECRETARY	3.00	X		X			0.	0.	0.	
(12) ALAN CAPLAN BOARD MEMBER	3.00	X					0.	0.	0.	
(13) NEAL BOLING BOARD MEMBER	3.00	X					0.	0.	0.	
(14) SHAMSO ISSAK BOARD MEMBER	3.00	X					0.	0.	0.	
(15) RHONDA MEDOWS, MD, FAAFP BOARD MEMBER	3.00	X					0.	0.	0.	
(16) DEIDRA WAGER BOARD MEMBER	3.00	X					0.	0.	0.	
(17) MELANNIE DENISE CUNNINGHAM BOARD MEMBER	3.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CONNIE FALON BOARD MEMBER	3.00	X						0.	0.	0.
(19) KEN PRICE BOARD MEMBER	3.00	X						0.	0.	0.
(20) TIM GROVES BOARD MEMBER	3.00	X						0.	0.	0.
(21) DWIGHT RIVES BOARD MEMBER	3.00	X						0.	0.	0.
(22) ESTHER MAGASIS BOARD MEMBER	3.00	X						0.	0.	0.
(23) TRANG LE BOARD MEMBER	3.00	X						0.	0.	0.
1b Subtotal								1,206,736.	0.	211,344.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,206,736.	0.	211,344.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TRI-PLY CONSTRUCTION, LLC PO BOX 2872, YAKIMA, WA 98907	BUILDING CONSTRUCTION	21,244,109.
INTERFACE TECHNOLOGIES NORTHWEST PO BOX 986, EVERETT, WA 98206	IT SERVICES	222,493.
ARS TRANSPORT LLC 1003 UNIVERSITY PARKWAY, YAKIMA, WA 98901	TRANSPORTATION & LOGISTICS	182,200.
WILLIS CONSULTING SERVICES 19301 87TH AVE CTE, GRAHAM, WA 98338	TRANSPORTATION & LOGISTICS	131,480.
EAGLES SIGNS LLC 1511 SOUTH KEYS ROAD, YAKIMA, WA 98901	MANUFACTURING, INSTALLATION	122,623.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,188,465.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	43,547,341.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 16,539,165.				
	h Total. Add lines 1a-1f		46,735,806.				
Program Service Revenue	2 a WSDA EMERGENCY FOOD	Business Code	624200	12,339,367.	12,339,367.		
	b TEFAP SERVICES		624200	308,991.	308,991.		
	c SMART BUYS		624200	6,072.	6,072.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			12,654,430.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			966,523.		966,523.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,324,800.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,304,208.	9,624.			
	c Gain or (loss)	7c	20,592.	-9,624.			
	d Net gain or (loss)			10,968.		10,968.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a KENT PROP. DEFERRED GA	Business Code	900099	1,156,624.		1,156,624.	
	b FSA FORFEITURE		900099	15,737.		15,737.	
	c PALLET SALES		900099	1,220.		1,220.	
	d All other revenue						
	e Total. Add lines 11a-11d			1,173,581.			
12 Total revenue. See instructions			61,541,308.	12,654,430.	0.	2,151,072.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	31,670,126.	31,670,126.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,077.	43,077.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	529,803.		529,803.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,242,339.	4,912,805.	1,799,405.	1,530,129.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	391,279.	226,806.	87,950.	76,523.
9 Other employee benefits	1,280,084.	838,646.	194,778.	246,660.
10 Payroll taxes	703,271.	406,115.	170,690.	126,466.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,317.	198.	2,119.	
c Accounting	74,980.		74,980.	
d Lobbying	56,359.	56,359.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	189,380.		189,380.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	842,085.	310,842.	334,104.	197,139.
12 Advertising and promotion	343,912.	15,304.	18,856.	309,752.
13 Office expenses	837,069.	356,500.	46,062.	434,507.
14 Information technology	494,316.	289,852.	113,664.	90,800.
15 Royalties				
16 Occupancy	3,369,634.	3,108,484.	151,199.	109,951.
17 Travel	416,964.	190,273.	156,781.	69,910.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,610,289.	1,517,290.	38,194.	54,805.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD/NON-FOOD TRANSPORT	1,263,763.	1,263,763.		
b NON-FOOD DISTRIBUTION	171,361.	171,361.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	52,532,408.	45,377,801.	3,907,965.	3,246,642.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,874,486.	1	4,076,267.
	2 Savings and temporary cash investments	41,787,733.	2	10,228,632.
	3 Pledges and grants receivable, net	2,759,909.	3	1,355,000.
	4 Accounts receivable, net	1,808,863.	4	3,429,753.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,463,624.	8	7,160,283.
	9 Prepaid expenses and deferred charges	390,637.	9	685,329.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,519,500.		
	b Less: accumulated depreciation	10b 7,116,409.	26,610,798.	10c 37,403,091.
	11 Investments - publicly traded securities	0.	11	33,560,445.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,249,570.	15	4,272,436.
16 Total assets. Add lines 1 through 15 (must equal line 33)	90,945,620.	16	102,171,236.	
Liabilities	17 Accounts payable and accrued expenses	2,718,830.	17	1,793,367.
	18 Grants payable		18	
	19 Deferred revenue	1,451,273.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	3,330,028.
	26 Total liabilities. Add lines 17 through 25	4,170,103.	26	5,123,395.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	62,743,603.	27	84,149,605.
	28 Net assets with donor restrictions	24,031,914.	28	12,898,236.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	86,775,517.	32	97,047,841.
33 Total liabilities and net assets/fund balances	90,945,620.	33	102,171,236.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,541,308.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,532,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,008,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	86,775,517.
5	Net unrealized gains (losses) on investments	5	1,263,424.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,047,841.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,585,873.	70,537,579.	76,019,875.	47,661,586.	46,735,806.	301,540,719.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	60,585,873.	70,537,579.	76,019,875.	47,661,586.	46,735,806.	301,540,719.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,876,871.
6 Public support. Subtract line 5 from line 4.						293,663,848.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	60,585,873.	70,537,579.	76,019,875.	47,661,586.	46,735,806.	301,540,719.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,383.	298,814.	456,985.	940,781.	966,523.	2,751,486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			832,770.	835,058.	1,173,581.	2,841,409.
11 Total support. Add lines 7 through 10						307,133,614.
12 Gross receipts from related activities, etc. (see instructions)					12	44,428,538.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.61 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	93.24 %

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

KENT PROPERTY DEFERRED GAIN

2020 AMOUNT: \$ 832,770.

2021 AMOUNT: \$ 835,058.

2022 AMOUNT: \$ 1,156,624.

FSA FORFEITURE

2022 AMOUNT: \$ 15,737.

PALLET SALES

2022 AMOUNT: \$ 1,220.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,309,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,097,548.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,061,792.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 968,501.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 4,395,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,440,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 3,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ 1,309,350.	06/30/23
2	FOOD _____ _____ _____	\$ 1,097,548.	06/30/23
3	FOOD _____ _____ _____	\$ 1,061,792.	06/30/23
4	FOOD _____ _____ _____	\$ 968,501.	06/30/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		56,359.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			56,359.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1A: VOLUNTEERS PARTICIPATED IN HUNGER ACTION DAY AT THE STATE

CAPITOL.

LINE 1B: OUTSIDE CONSULTANT PAID FOR CERTAIN LOBBYING ACTIVITIES.

LINE 1G: NORTHWEST HARVEST EMPLOYS A DIRECTOR OF PUBLIC POLICY &

ADVOCACY TO PERFORM EDUCATION AND ADVOCACY WORK IN OLYMPIA, WA.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: NORTHWEST HARVEST EMM; Employer identification number: 91-0826037

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Conservation Easements section containing multiple questions (1-9) about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Part III section containing questions 1a, 1b, 2, a, and b regarding the reporting of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,046,235.	8,083,456.	6,772,042.	6,257,163.	239,706.
b Contributions	2,499,909.				6,000,000.
c Net investment earnings, gains, and losses	1,284,263.	-1,030,966.	1,717,069.	521,512.	17,457.
d Grants or scholarships					
e Other expenditures for facilities and programs	376,265.	6,254.	405,655.	6,633.	
f Administrative expenses					
g End of year balance	10,454,142.	7,046,236.	8,083,456.	6,772,042.	6,257,163.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 82.4000 %
 - c Term endowment 17.6000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,556,385.		2,556,385.
b Buildings		24,214,040.	647,650.	23,566,390.
c Leasehold improvements		2,443,750.	1,119,290.	1,324,460.
d Equipment		14,155,892.	4,442,430.	9,713,462.
e Other		1,149,433.	907,039.	242,394.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,403,091.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	3,330,028.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	63,503,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 1,263,424.		
b	Donated services and use of facilities	2b 698,800.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,962,224.
3	Subtract line 2e from line 1		3	61,541,308.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	61,541,308.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	53,231,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 698,800.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	698,800.
3	Subtract line 2e from line 1		3	52,532,408.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	52,532,408.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

NORTHWEST HARVEST WILL USE THE FUNDS FOR FOOD AND RELATED DISTRIBUTION

COSTS TO COMBAT HUNGER IN WASHINGTON STATE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **NORTHWEST HARVEST EMM** Employer identification number **91-0826037**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN COMMUNITY HOUSING & DEVELOPMENT - 16256 MILITARY RD S STE 206 - SEATAC, WA 98188-3049	83-1665288	501(C)(3)	40,000.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALGONA/PACIFIC FOOD PANTRY 603 3RD AVE SE PACIFIC, WA 98047-1431	91-1498750	501(C)(3)	0.	43,202.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALIMENTANDO AL PUEBLO 126 SW 148TH ST STE C100 BURIEN, WA 98166-1984	86-3983808	501(C)(3)	40,000.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
APOYO P.O. BOX 194 ELLENSBURG ELLENSBURG, WA 98926	91-1970470	501(C)(3)	0.	282,366.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ASIAN COUNSELING & REFERRAL SERVICES (ACRS) - 919 S KING ST - SEATTLE, WA 98104-3040	91-0916176	501(C)(3)	0.	391,129.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BALLARD FOOD BANK 1400 NW LEARY WAY SEATTLE, WA 98107-4819	91-1428805	501(C)(3)	0.	120,592.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **240.**

3 Enter total number of other organizations listed in the line 1 table **3.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343	91-1544022	501(C)(3)	0.	49,135.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BLESSINGS UNDER THE BRIDGE 32 W. PACIFIC AVE, SPOKANE, WA 99201	26-1620304	501(C)(3)	0.	15,597.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BLUE MOUNTAIN ACTION COUNCIL FOOD BANK - 921 W CHERRY ST - WALLA WALLA, WA 99362-1864	91-0793597	501(C)(3)	0.	184,391.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BRIDGE 58 545 E. WELLESLEY SPOKANE, WA 99207	91-1018310	501(C)(3)	0.	20,959.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)	0.	120,137.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CARITAS FOOD BANK 1228 W. NEBRASKA AVE SPOKANE, WA 99205-6857	91-1569891	501(C)(3)	0.	18,249.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANCE) - P.O. BOX 80547 - SEATTLE, WA 98108	91-1215715	501(C)(3)	0.	51,027.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CITY GATE FELLOWSHIP 170 S MADISON ST SPOKANE, WA 99201-4531	91-1407104	501(C)(3)	0.	22,084.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT LAKEVIEW HOPE ACADEMY - 10501 47TH AVE SW - LAKEWOOD, WA 98499-3712	91-6001563	GOVERNMENT	0.	10,665.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVER PARK SCHOOL DISTRICT PARK LODGE ELEMENTARY - 6300 100TH ST SW - LAKEWOOD, WA 98499-1766	91-6001563	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT TYEE PARK ELEMENTARY - 11920 SEMINOLE RD SW - TACOMA, WA 98499-4939	91-6001563	GOVERNMENT	0.	10,665.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COLORED GIRLS GARDEN CLUB 9254 57TH AVE SOUTH SEATTLE, WA 98102	87-3745456	501(C)(3)	0.	18,386.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COLVILLE CONFEDERATED TRIBES FOOD BANK - PO BOX 150 - NESPELEM, WA 99155-0150	91-0557683	501(C)(3)	0.	56,707.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITIES IN SCHOOLS OF RENTON & TUKWILA - 16828 128TH AVE SE - RENTON, WA 98058	91-1689158	501(C)(3)	0.	11,589.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163	94-3080214	501(C)(3)	0.	49,748.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837-0099	91-0664984	501(C)(3)	0.	128,012.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMPASSIONATE ADDICTION TREATMENT (CAT) - 112 E 1ST AVE. - SPOKANE, WA 99202	83-4425311	501(C)(3)	0.	11,389.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW MOUNTLAKE TERRACE, WA 98043-4429	91-2027084	501(C)(3)	0.	78,171.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AGING & HUMAN SERVICES PO BOX 107 COLFAX, WA 99111-0107	91-0964790	501(C)(3)	0.	71,005.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CURLEW ELEMENTARY SCHOOL 47 CURLEW SCHOOL RD CURLEW, WA 99118	91-1541026	501(C)(3)	0.	8,760.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119-0126	91-1102635	501(C)(3)	0.	18,790.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	91-1183154	501(C)(3)	0.	117,958.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER HOUSE - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501(C)(3)	0.	12,490.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EAGLES NEST COMMUNITY KITCHEN 1209 CENTRAL AVE S KENT, WA 98032	82-5341952	501(C)(3)	0.	36,336.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EAST VALLEY BAPTIST CHURCH FOOD PANTRY - 14516 E WELLESLEY - SPOKANE, WA 99216	36-4546005	501(C)(3)	0.	27,061.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EASTERN WASHINGTON UNIVERISTY (EWU) FOOD PANTRY - 526 5TH ST - CHENEY, WA 99004	91-6000624	501(C)(3)	0.	11,201.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EDMONDS FOOD BANK 828 CASPERS ST EDMONDS, WA 98020-2618	91-0652053	501(C)(3)	0.	124,260.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144-5104	91-0899927	501(C)(3)	0.	75,424.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124	54-2092145	501(C)(3)	0.	1,085,165.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EMERGENCY FEEDING PROGRAM (EFP) 851 HOUSER WAY N RENTON, WA 98057-5518	91-1902023	501(C)(3)	0.	611,195.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ENDICOTT PANTRY 101 BANTA ST ENDICOTT, WA 99125	01-0961474	501(C)(3)	0.	8,783.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EPHRATA FOOD BANK PO BOX 804 EPHRATA, WA 98823	91-1391859	501(C)(3)	0.	78,943.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK - 1331 ASPEN SPRINGS LANE - YAKIMA, WA 98903	91-1218657	501(C)(3)	0.	41,446.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024-0640	91-6198453	501(C)(3)	0.	10,469.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103	91-1757277	501(C)(3)	0.	89,174.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FARESTART 700 VIRGINIA ST SEATTLE, WA 98101	91-1546757	501(C)(3)	0.	64,535.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED SPOKANE 1114 N FANCHER #109 SPOKANE VALLEY, WA 99212	77-0669783	501(C)(3)	0.	53,096.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEEDING FEASIBLE FEASTS 1509 97TH AVENUE CT E EDGEWOOD, WA 98371-1085	85-3289326	501(C)(3)	0.	17,729.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FIRCREST CHRISTIAN CHURCH OF HOPE PANTRY - 1018 COLUMBIA AVE - FIRCREST, WA 98466	91-1162494	501(C)(3)	0.	49,880.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FIRST PLACE SCHOOLS 172 20TH AVE SEATTLE, WA 98122	94-3092447	501(C)(3)	10,000.	17,519.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FOOD LIFELINE 815 S 96TH ST SEATTLE, WA 98108	91-1090450	501(C)(3)	0.	256,483.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FORD FOOD PANTRY FORD SUNSET CLUB, PO BOX 184 FORD, WA 99013	91-1367180	501(C)(3)	0.	17,357.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239-0155	02-0549032	501(C)(3)	0.	19,896.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GOOD SHEPHERD YOUTH OUTREACH 720 S 333RD ST STE 100 FEDERAL WAY, WA 98003-7358	26-3713948	501(C)(3)	0.	451,108.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GOODROOTS NORTHWEST PO BOX 7521 BONNEY LAKE, WA 98391-0923	27-0270499	501(C)(3)	0.	278,948.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND COULEE CARE AND SHARE FOODBANK - P.O. BOX 671 - GRAND COULEE, WA 99133	91-1363219	501(C)(3)	0.	31,058.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRANDVIEW SEVENTH-DAY ADVENTIST FOOD BANK - PO BOX 1409 - PROSSER, WA 99350	91-1230403	501(C)(3)	0.	76,085.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRANGER FOOD BANK PO BOX 791 GRANGER, WA 98932	91-2070485	501(C)(3)	0.	68,885.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRANITE FALLS FOOD BANK PO BOX 1947 GRANITE FALLS, WA 98252-1947	41-2103240	501(C)(3)	0.	23,732.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GREENHOUSE COMMUNITY CENTER PO BOX 62 DEER PARK, WA 99006-0062	02-0797827	501(C)(3)	0.	25,966.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GUARDIAN'S FOUNDATION 115 N. STONE SPOKANE, WA 99207	45-1625374	501(C)(3)	0.	6,068.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HARRINGTON FOOD BANK 204 N 3RD ST HARRINGTON, WA 99134-9707	91-0956984	501(C)(3)	0.	26,686.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923	90-0714318	501(C)(3)	0.	124,043.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE AREA FOOD BANK PO BOX 66427 BURIEN, WA 98166	91-1665389	501(C)(3)	0.	79,969.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLINE SCHOOL DISTRICT BEVERLY PARK ELEMENTARY - 1201 S 104TH ST - SEATTLE, WA 98168-1549	91-6001631	GOVERNMENT	0.	10,665.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DISTRICT HAZEL VALLEY ELEMENTARY - 402 SW 132ND ST - BURIEEN, WA 98146-3236	91-6001631	GOVERNMENT	0.	8,264.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DISTRICT MOUNT VIEW ELEMENTARY - 10811 12TH AVE SW - SEATTLE, WA 98146-2125	91-6001631	GOVERNMENT	0.	6,602.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007-5245	91-0982116	501(C)(3)	0.	584,631.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK KIRKLAND 10675 WILLOWS RD #275 REDMOND, WA 98052	91-0982116	501(C)(3)	0.	7,511.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPESOURCE FOOD BANK 700 E MOUNTAIN VIEW AVE, STE 5 ELLENSBURG, WA 98926	91-0814544	501(C)(3)	0.	39,059.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTARY - 310 SIMPSON AVE - HOQUIAM, WA 98550-2411	91-0982116	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTARY - 700 WOOD AVE - HOQUIAM, WA 98550-1066	91-6001563	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210	91-0569880	501(C)(3)	0.	21,302.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HRC 9212 E MONTGOMERY AVE #504 SPOKANE, WA 99206	46-3709621	501(C)(3)	0.	5,541.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HUB CITY MISSION FOOD BANK 132 KIRKLAND RD CHEHALIS, WA 98532-8724	44-0577787	501(C)(3)	0.	11,677.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
IMMANUEL COMMUNITY SERVICES FOOD BANK - 1215 THOMAS ST - SEATTLE, WA 98109-5427	26-0881300	501(C)(3)	0.	21,163.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JAMESTOWN S'KLALLAM TRIBAL FOOD BANK - 72 ZACCARDO RD - SEQUIM, WA 98382-9607	91-0963298	OTHER	0.	10,615.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JEWELS HELPING HAND 527 S. CANNON ST SPOKANE, WA 99201	84-2198820	501(C)(3)	0.	16,255.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JEWISH FAMILY SERVICE 1601 16TH AVE. SEATTLE, WA 98122	91-0565537	501(C)(3)	0.	67,080.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT FOOD BANK AND EMERGENCY SERVICES - 515 W HARRISON ST STE 107 - KENT, WA 98032-4403	91-0881434	501(C)(3)	0.	113,102.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT DANIEL ELEMENTARY - 11310 SE 248TH ST - KENT, WA 98030-4922	91-6001646	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT EAST HILL ELEMENTARY - 9825 S 240TH ST - KENT, WA 98031-4842	91-6001646	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT KENT ELEMENTARY SCHOOL - 24700 64TH AVE S - KENT, WA 98032-6169	91-6001646	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT SCENIC HILL ELEMENTARY - 20625 WOODLAND WAY SOUTH - KENT, WA 98030	91-6001646	GOVERNMENT	0.	10,919.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394-0554	46-5405179	501(C)(3)	0.	36,497.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LATINOS EN SPOKANE 1502 N MONROE ST SPOKANE, WA 99201-2626	85-2725630	501(C)(3)	80,000.	20,633.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LIVING WELL KENT 24604 104TH AVE SE #102 KENT, WA 98030	81-4451307	501(C)(3)	0.	7,433.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148-0064	91-1236018	501(C)(3)	0.	134,960.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LYNNWOOD FOOD BANK 5320 176TH ST SW LYNNWOOD, WA 98037-3035	84-1642388	501(C)(3)	0.	100,819.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357-0115	91-0492517	501(C)(3)	0.	47,469.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES - PO BOX 322 - MAPLE VALLEY, WA 98038-0322	91-6057006	501(C)(3)	0.	95,363.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056-0145	75-3163092	501(C)(3)	0.	81,051.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARTIN LUTHER KING JR. COMMUNITY CENTER - 500 S STONE ST - SPOKANE, WA 99202-4150	91-1143596	501(C)(3)	0.	22,740.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARYSVILLE COMMUNITY FOOD BANK PO BOX 917 MARYSVILLE, WA 98270-0917	91-1347507	501(C)(3)	0.	72,290.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MATTAWA AREA FOOD BANK BOX 853 MATTAWA, WA 99349	02-0789497	501(C)(3)	0.	138,566.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS - 700 LINDBERG LANE - MOSES LAKE, WA 98837	91-6001956	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT LONGVIEW ELEMENTARY - 9783 APPLE RD NE - MOSES LAKE, WA 98837-4234	91-6001956	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT MIDWAY ELEMENTARY - 502 S C ST - MOSES LAKE, WA 98837-2080	91-6001956	GOVERNMENT	0.	8,125.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY - 1200 W CRAIG ST - MOSES LAKE, WA 98837-3307	91-6001956	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT PENINSULA ELEMENTARY - 2406 W TEXAS ST - MOSES LAKE, WA 98837-2857	91-6001956	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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MOTHER AFRICA 1209 CENTRAL AVE. SOUTH #120 KENT, WA 98092	46-1793603	501(C)(3)	0.	14,545.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOXEE FOOD BANK 7203 MIERAS ROAD YAKIMA, WA 98901	91-1010989	501(C)(3)	0.	61,527.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093-0699	23-7120815	501(C)(3)	0.	329,426.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MY SISTER'S PANTRY 621 TACOMA AVE S TACOMA, WA 98402-2301	91-1975606	501(C)(3)	0.	91,909.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NAACP SEATTLE KING COUNTY 715 23RD AVE SEATTLE, WA 98122	13-1084135	501(C)(3)	0.	12,073.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEIGHBORS FEEDING NEIGHBORS N.1615 ADAMS ST SPOKANE, WA 99205	91-1478830	501(C)(3)	0.	21,729.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE RANCH FOOD BANK 27910 N BEAR LAKE RD CHATTAROY, WA 99003-9636	91-1630914	501(C)(3)	0.	27,567.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156-1952	91-1637970	501(C)(3)	0.	32,420.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907	20-3070634	501(C)(3)	0.	49,715.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009-0388	94-3167688	501(C)(3)	0.	27,496.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH HELPLINE BITTERLAKE 12736 33RD AVE. NE, #100 SEATTLE, WA 98125	91-1475182	501(C)(3)	0.	36,940.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125-4504	91-1475182	501(C)(3)	0.	147,335.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTHEAST FOOD PANTRY PO BOX 7398 SPOKANE, WA 99207-0398	90-0724290	501(C)(3)	0.	21,548.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NUESTRA CASA 301 S. 7TH STREEET SUNNYSIDE, WA 98944	65-1206137	501(C)(3)	40,000.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OFF BROADWAY FAMILY OUTREACH W 2225 MALLON SPOKANE, WA 99201	30-0569413	501(C)(3)	0.	14,079.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OIC OF WA FOOD BANK 815 FRUITVALE BLVD YAKIMA, WA 98902-1467	91-0873024	501(C)(3)	0.	203,088.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111-3181	91-0964027	501(C)(3)	0.	11,897.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194-0128	91-1658187	501(C)(3)	0.	13,107.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360-1877	20-8562623	501(C)(3)	0.	36,283.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OTHELLO FOOD BANK PO BOX 152 OTHELLO, WA 99344-0152	91-1269359	501(C)(3)	0.	63,437.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OUR CLOSET IS YOUR CLOSET 702 SE 1ST ST WINLOCK, WA 98596	60-4219646	501(C)(3)	0.	28,539.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OUR PLACE COMMUNITY OUTREACH 1509 W COLLEGE AVE SPOKANE, WA 99201-1917	91-1384287	501(C)(3)	0.	68,574.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PACIFIC ISLANDER COMMUNITY ASSOCIATION PICA - 33710 9TH AVE S STE 1 - FEDERAL WAY, WA 98003-6734	84-2470123	501(C)(3)	0.	55,971.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106-2059	30-0116000	501(C)(3)	0.	43,009.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PARTNERS INW PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501(C)(3)	0.	106,913.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PASCO COMMUNITY SERVICES 1468 OXFORD AVE RICHLAND, WA 99352-7615	91-0160609	501(C)(3)	0.	523,325.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PEACEKEEPER SOCIETY PO BOX 10057 YAKIMA, WA 98909-1057	47-3686988	501(C)(3)	0.	92,934.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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PEOPLE FOR PEOPLE 1008 W AHTANUM RD STE 3 UNION GAP, WA 98903-1897	91-0783225	501(C)(3)	0.	37,982.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PHINNEY RIDGE LUTHERAN CHURCH FOOD BANK - 7500 GREENWOOD AVE N - SEATTLE, WA 98103-4668	91-0581656	501(C)(3)	0.	18,195.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIKE MARKET FOOD BANK 85 PIKE ST STE 200 SEATTLE, WA 98101-2077	91-1034838	501(C)(3)	0.	180,061.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIKE MARKET SENIOR CENTER MEALS 85 PIKE ST STE 200 SEATTLE, WA 98101-2077	91-1034838	501(C)(3)	0.	19,675.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 98022-0391	91-1965830	501(C)(3)	0.	90,748.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PLU PANTRY 12180 PARK AVE S TACOMA, WA 98447-0001	91-0565571	501(C)(3)	0.	18,024.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PORT ANGELES FOOD BANK PO BOX 1885 PORT ANGELES, WA 98362-0282	91-1192596	501(C)(3)	0.	105,891.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
POWER OF TWO 204 2ND ST SW UNIT 911 UNIT 911 PUYALLUP, WA 98371-5402	84-5066086	501(C)(3)	0.	20,327.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PRESTON FOOD BANK PO BOX 948 PRESTON, WA 98050	91-0982213	501(C)(3)	0.	47,069.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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PROSSER JUBILEE MINISTRY 1429 STACY AVE PROSSER, WA 99350-1173	94-3061007	501(C)(3)	0.	77,064.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PROVIDENCE REGINA HOUSE 8201 10TH AVE S #6 SEATTLE, WA 98108	91-1996732	501(C)(3)	0.	211,402.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PUGET SOUND LABOR AGENCY 404 S BRANDON ST SEATTLE, WA 98108-2236	91-0927902	501(C)(3)	0.	66,148.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371-0022	23-7259739	501(C)(3)	0.	330,559.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUINCY COMMUNITY FOOD BANK PO BOX 413 QUINCY, WA 98848-0413	91-1612682	501(C)(3)	0.	116,073.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RAINIER VALLEY FOOD BANK 9021 RAINIER AVE S SEATTLE, WA 98118-5024	91-1500768	501(C)(3)	0.	168,605.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RENEWAL FOOD BANK 12819 SE 38TH ST, PMB #241 BELLEVUE, WA 98006	46-1502418	501(C)(3)	0.	94,118.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
REPUBLIC ELEMENTARY SCHOOL 30306 WASHINGTON 20 REPUBLIC, WA 99166	91-1541026	501(C)(3)	0.	8,768.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
REST 4215 RAINIER AVE S SUITE B SEATTLE, WA 98118	45-3531020	501(C)(3)	0.	5,178.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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RESTORATION WORSHIP CENTER 30815D PAC HIGHWAY S FEDERAL WAY, WA 98003	98-1817395	501(C)(3)	0.	32,213.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RESTORATON COMMUNITY IMPACT 2646 SCOTTSDALE PLACE RICHLAND, WA 99354	85-3683444	501(C)(3)	0.	74,446.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
REVIVAL CHURCH 12 W. PACIFIC SPOKANE, WA 99201	85-2804185	501(C)(3)	0.	17,074.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RITZVILLE FOOD PANTRY PO BOX 442 RITZVILLE, WA 99169-0442	56-2312501	501(C)(3)	0.	24,726.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901-2910	36-4659738	501(C)(3)	0.	43,448.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RONI LIFE WORKS TRAINING CENTER 85 S WASHINGTON ST STE 207 STE 207 SEATTLE, WA 98104-3403	27-5180670	501(C)(3)	0.	11,678.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROYAL CITY FOOD BANK PO BOX 144 ROYAL CITY, WA 99357	91-1910402	501(C)(3)	0.	179,680.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RURAL RESOURCES SD 956 S MAIN ST COLVILLE, WA 99114-2505	91-0793447	501(C)(3)	0.	105,946.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAFEWAY CORPORATE HTH 1121 124TH AVE NE BELLEVUE, WA 98005-2101	94-3019135	OTHER	670,190.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SAINT VINCENT DE PAUL CLARKSTON 604 2ND ST CLARKSTON, WA 99403	23-7278799	501(C)(3)	0.	17,486.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL GEORGETOWN 5950 4TH AVE S SEATTLE, WA 98108-3208	91-0583891	501(C)(3)	0.	184,464.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL PASCO PO BOX 4273 PASCO, WA 99302-4273	91-0726356	501(C)(3)	0.	434,891.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY RENTON PO BOX 977 RENTON, WA 98057-0977	94-1156347	501(C)(3)	0.	223,378.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207-2318	94-1156347	501(C)(3)	0.	86,364.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225	91-0918619	501(C)(3)	0.	405,144.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)	0.	341,219.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661	91-1307564	501(C)(3)	0.	153,732.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD COASTAL HARVEST DIST. CTR P.O. BOX 616 HOQUIAM, WA 98550	94-3252669	501(C)(3)	0.	493,503.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SD EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	501(C)(3)	0.	893,876.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD LEWIS COUNTY FOOD COALITION PO BOX 307 CHEHALIS, WA 98532	91-1391826	501(C)(3)	0.	111,255.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD LOWER COLUMBIA CAP (HELP) 1526 COMMERCE LONGVIEW, WA 98632	91-0814141	501(C)(3)	0.	198,153.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD NCWDC-CHELAN/DOUGLAS CAC TOWN TOYOTA CENTER 1300 WALLA WALLA WENATCHEE, WA 98801	91-6064514	501(C)(3)	0.	72,001.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD NOURISH OF PIERCE COUNTY 1702 SOUTH 72ND ST, STE E. TACOMA, WA 98408	91-1198391	501(C)(3)	0.	207,111.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD OKANOGAN CAC PO BOX 1067 OKANOGAN, WA 98840	91-0814162	501(C)(3)	0.	191,758.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD OLYCAP 803 COMMERCE LOOP PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	0.	54,455.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD PORT ANGELES PO BOX 1885 PORT ANGELES, WA 98362	91-1192596	501(C)(3)	0.	55,313.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD SKAGIT COUNTY DIST. CENTER 220 MICHAEL STREET SEDRO WOOLLEY, WA 98284	91-1140086	501(C)(3)	0.	187,995.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SEA MAR ADULT TREATMENT 1415 CENTER ST. TACOMA, WA 98409	91-1020139	501(C)(3)	0.	12,123.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105-3901	91-0564748	501(C)(3)	0.	33,955.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE INDIAN CENTER FOOD BANK 1265 S MAIN ST STE 105 SEATTLE, WA 98144-2003	91-0877683	501(C)(3)	0.	36,872.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SELAH NACHES FOOD BANK 1107 W. FREMONT AVE. SELAH, WA 98942	91-0940244	501(C)(3)	0.	124,656.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEQUIM FOOD BANK P.O. BOX 1453 SEQUIM, WA 98382	91-1215709	501(C)(3)	0.	44,948.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SERVE SPOKANE FOOD PANTRY 8303 N DIVISION ST SPOKANE, WA 99208-5715	20-4040980	501(C)(3)	0.	17,671.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHADLE PARK PRESBYTERIAN CHURCH 5508 N ALBERTA SPOKANE, WA 99205	91-0712889	501(C)(3)	9,250.	11,326.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHALOM MINISTRIES PO BOX 4684 SPOKANE, WA 99220-0684	91-1878389	501(C)(3)	0.	27,115.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKY VALLEY FOOD BANK PO BOX 724 MONROE, WA 98272-0724	91-1186822	501(C)(3)	0.	108,355.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOHOMISH COMMUNITY FOOD BANK P.O. BOX 1364 SNOHOMISH, WA 98291	91-1334772	501(C)(3)	0.	71,151.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045	46-4388454	501(C)(3)	0.	63,623.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE ELEMENTARY SCHOOL 410 GINKGO ST S SOAP LAKE, WA 98851-9166	23-7556294	GOVERNMENT	0.	9,141.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE FOOD BANK 325 MAIN AVE E, SOAP LAKE, WA 98851-0925	91-1454702	501(C)(3)	0.	140,895.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC MABTON FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501(C)(3)	0.	106,425.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC SUNNYSIDE FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501(C)(3)	0.	206,857.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC WAPATO FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501(C)(3)	0.	203,334.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC WHITE SWAN FOOD PANTRY PO BOX 40 WHITE SWAN, WA 98952	91-0878380	501(C)(3)	0.	164,298.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOCIAL GOOD FUND INC. 2047 ASILOMAR DR OAKLAND, CA 94805-4021	46-1323531	501(C)(3)	3,725,547.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH WHIDBEY GOOD CHEER FOOD BANK PO BOX 144 LANGLEY, WA 98260-0144	23-7047914	501(C)(3)	0.	34,698.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTHSIDE FOOD PANTRY 2934 E 27TH AVE, SPOKANE, WA 99223 SPOKANE, WA 99223	91-2153486	501(C)(3)	0.	17,341.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOZO FOOD BANK 1350 S RAINIER ST KENNEWICK, WA 99337-3326	91-1184020	501(C)(3)	0.	45,291.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE AIDS NETWORK 1103 W 5TH AVE SPOKANE, WA 99204	91-1380583	501(C)(3)	0.	11,496.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE DREAM CENTER 2128 N PINES RD #3 SPOKANE VALLEY, WA 99206	91-1225144	501(C)(3)	0.	39,593.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT GRANT ELEMENTARY - 1300 E 9TH AVE - SPOKANE, WA 99202-2409	91-6001550	GOVERNMENT	0.	9,841.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT LOGAN ELEMENTARY - 1001 E MONTGOMERY AVE - SPOKANE, WA 99207-2674	91-6001550	GOVERNMENT	0.	8,723.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT STEVENS ELEMENTARY - 1717 E. SINTO AVE. - SPOKANE, WA 99202	91-6001550	GOVERNMENT	0.	6,706.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE TRIBE FOOD BANK PO BOX 540 WELLPINIT, WA 99040-0540	91-0606339	501(C)(3)	0.	24,254.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRAGUE HORIZONS COMMUNITY FOOD BANK - PO BOX 178 - SPRAGUE, WA 99032-0178	26-2231541	501(C)(3)	0.	14,634.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST. LEO'S FOOD CONNECTION 710 S. 13TH ST TACOMA, WA 98405	91-0622353	501(C)(3)	0.	324,492.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST. MICHAELS EPISCOPAL MISSION FOOD PANTRY - 5 S NACHES AVE - YAKIMA, WA 98901-2726	91-0564996	501(C)(3)	0.	58,469.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TENINO FOOD BANK PLUS PO BOX 1239 TENINO, WA 98589-1239	91-2144590	501(C)(3)	0.	37,772.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE FOOD BANK AT ST. MARY'S 611 20TH AVE S SEATTLE, WA 98144-2208	91-1989445	501(C)(3)	0.	176,617.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501-1138	23-7297837	501(C)(3)	0.	534,564.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH COMMUNITY CHEST 4 NORTH B ST TOPPENISH, WA 98948	55-0845518	501(C)(3)	0.	192,822.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT GARFIELD ELEMENTARY - 505 MADISON AVE - TOPPENISH, WA 98948-1173	91-6001615	GOVERNMENT	0.	10,329.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT LINCOLN ELEMENTARY - 309 N ALDER ST - TOPPENISH, WA 98948-1308	91-6001615	GOVERNMENT	0.	10,329.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOPPENISH SCHOOL DISTRICT VALLEY VIEW ELEMENTARY - 515 ZILLAH AVE - TOPPENISH, WA 98948-1485	91-6001615	GOVERNMENT	0.	10,365.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES BENTON CITY FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336-3636	91-1011971	501(C)(3)	0.	75,407.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES KENNEWICK FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336-3636	91-1011971	501(C)(3)	0.	66,137.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES RICHLAND FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336-3636	91-1011971	501(C)(3)	0.	5,421.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUKWILA PANTRY 3118 S 140 ST TUKWILA, WA 98168	75-2974441	501(C)(3)	0.	183,248.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TULALIP FOOD BANK 1330 MARINE DRIVE NE TULALIP, WA 98271	26-0078444	501(C)(3)	0.	55,842.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUM TUM COMMUNITY FOOD PANTRY 6424 HWY 291 NINE MILE FALLS, WA 99026	27-2469928	501(C)(3)	0.	18,983.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UNIVERSITY DISTRICT FOOD BANK 5017 ROOSEVELT WAY NE SEATTLE, WA 98105-3610	91-1224834	501(C)(3)	0.	241,151.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
URBAN FOOD SYSTEMS PACT 6714 S 122ND ST., SEATTLE, WA 98178	91-0565555	501(C)(3)	0.	10,162.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTOPIA WA 841 CENTRAL AVE N, SUITE C-106 KENT, WA 98032	61-1668192	501(C)(3)	0.	39,607.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UW CAMPUS PANTRY 101 GERBERDING HALL UW BOX 351266 SEATTLE, WA 98195	91-6001537	501(C)(3)	0.	21,309.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VALLEY ASSEMBLY OF GOD FOOD PANTRY 15618 E BROADWAY AVE SPOKANE VALLEY, WA 99037	91-1058397	501(C)(3)	0.	23,735.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181	27-1907351	501(C)(3)	0.	22,332.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VASHON-MAURY COMMUNITY FOOD BANK PO BOX 1205 VASHON, WA 98070-1205	94-3165664	501(C)(3)	0.	68,004.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEER FOOD RESOURCE CENTER COLVILLE FOOD BANK - 210 S. WYNNE ST - COLVILLE, WA 99114	91-1192094	501(C)(3)	0.	6,426.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - EVERETT FOOD BANK - PO BOX 839 - EVERETT, WA 98206-0839	91-0577129	501(C)(3)	0.	81,137.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA CROSSWALK 525 W. SECOND AVE. SPOKANE, WA 99201	91-0577131	501(C)(3)	0.	6,475.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA SULTAN PO BOX 268 SULTAN, WA 98294-0268	91-0577129	501(C)(3)	0.	39,130.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON GORGE ACTION PROGRAMS (WAGAP) - PO BOX 805 - BINGEN, WA 98605	91-0793062	501(C)(3)	0.	218,031.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST. SEATTLE, WA 98126-3133	91-1464412	501(C)(3)	0.	233,805.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WEST VALLEY RAM LANDING 9206 ZIER RD YAKIMA, WA 98908-9243	91-6008663	501(C)(3)	0.	6,807.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WESTGATE CHAPEL FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020-5043	91-0774622	501(C)(3)	0.	63,613.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WHITE CENTER FOOD BANK 126TH SW 148TH ST, STE C100 BOX 97 SEATTLE, WA 98166-1984	91-1167830	501(C)(3)	0.	234,212.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WINLOCK-VADER FOOD BANK PO BOX 304 WINLOCK, WA 98596	46-4465558	501(C)(3)	0.	25,493.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WOMEN'S & CHILDREN'S FREE REST 1408 N. WASHINGTON SPOKANE, WA 99201	91-1399742	501(C)(3)	0.	39,032.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WORLD RELIEF SPOKANE 1522 N. WASHINGTON ST #204 SPOKANE, WA 99201	23-6393344	501(C)(3)	0.	11,208.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKAMA CONFEDERATED TRIBES 802 E 1ST AVE TOPPENISH, WA 98948	91-0576806	OTHER	0.	155,611.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA OUR DAILY BREAD FB - SUNRISE OUTREACH - PO BOX 10413 - YAKIMA, WA 98909-1413	27-1028426	501(C)(3)	0.	295,658.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907-2221	91-1397598	501(C)(3)	0.	1,095,790.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT ADAMS ELEMENTARY - 723 S 8TH ST - YAKIMA, WA 98901-3322	91-6001550	GOVERNMENT	0.	10,364.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT BARGE-LINCOLN ELEMENTARY - 219 E I ST - YAKIMA, WA 98901-1962	91-6001550	GOVERNMENT	0.	10,365.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT GARFIELD ELEMENTARY - 612 N 6TH AVE - YAKIMA, WA 98902-2117	91-6001550	GOVERNMENT	0.	9,793.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT HOOVER ELEMENTARY - 400 W VIOLA AVE - YAKIMA, WA 98902-5609	91-6001550	GOVERNMENT	0.	8,461.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT MARTIN LUTHER KING JR - 2000 S 18TH ST - UNION GAP, WA 98903-3932	91-6001550	GOVERNMENT	0.	8,080.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SEVENTH-DAY ADVENTIST FOOD BANK - 507 N. 35TH AVE. - YAKIMA, WA 98902	91-0932432	501(C)(3)	0.	775,589.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA VETERANS COALATION 223 NORTH 1ST STREET YAKIMA, WA 98901	46-5182917	501(C)(3)	0.	6,758.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD DISTRIBUTION	1	0.	43,077.	BOOK	DISTRIBUTION OF FOOD TO FARMER FOR COMPOSTING

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THROUGH OUR PARTNERSHIP WITH VARIOUS ORGANIZATIONS, WE ENHANCE SUPPORT FOR

INDIVIDUALS FACING FOOD INSECURITY BY PROVIDING FOOD PRODUCTS TO FOOD BANKS

AND DISTRIBUTING SAFEWAY GIFT CARDS. THESE GIFT CARDS ARE ALLOCATED TO

ORGANIZATIONS THAT EFFECTIVELY REACH INDIVIDUALS IN NON-TRADITIONAL

SETTINGS SUCH AS CLINICS, SCHOOLS, SENIOR CENTERS, AND FOOD BANKS. THIS

APPROACH ENSURES THAT ESSENTIAL RESOURCES ARE ACCESSIBLE TO DIVERSE

COMMUNITIES, DIRECTLY BENEFITING THOSE MOST IN NEED ACROSS MULTIPLE

ENVIRONMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS L REYNOLDS CHIEF EXECUTIVE OFFICER	(i)	258,588.	0.	0.	15,515.	22,198.	296,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WAYNE SHORTER CHIEF OPERATING OFFICER	(i)	183,935.	0.	0.	11,036.	22,810.	217,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA HAMILTON EWING CHIEF ADVANCEMENT OFFICER	(i)	170,848.	0.	0.	10,251.	23,953.	205,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CYNTHIA L CHAVEZ CHIEF FINANCIAL OFFICER	(i)	168,819.	0.	0.	10,129.	10,385.	189,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES D GIBBS CHIEF OF STAFF	(i)	153,346.	0.	0.	9,201.	11,159.	173,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAWANDA GRAHAM DIRECTOR OF IT	(i)	138,850.	0.	0.	8,331.	23,712.	170,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GARY D NEWTE DIRECTOR OF SOURCING & PROCUREMENT	(i)	132,350.	0.	0.	7,941.	24,723.	165,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		49,930.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	89	1,796,279.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	5473844	14,405,536.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (PERSONAL CARE)	X	562,947	281,474.	FAIR MARKET VALUE
26	Other (MISCELLANEOUS)	X	11,892	5,946.	FAIR MARKET VALUE
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS FOR PUBLICLY TRADED SECURITIES REPRESENTS

THE NUMBER OF CONTRIBUTORS. THE NUMBER FOR ALL OTHER CONTRIBUTIONS

REPRESENTS THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, PART I, COLUMN D:

THE FOOD DONATIONS ARE VALUED USING AN ESTIMATED PRICE PER POUND OF

\$1.70 AND NON-FOOD ITEMS ARE VALUED USING AN ESTIMATE PRICE PER POUND

OF \$0.50.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

FORM 990, PART I, LINE 6:

OUR VOLUNTEER COUNT IS DETERMINED BY THE NEEDS WE HAVE FOR SPECIFIC
PROJECTS AT EACH OF OUR SITES OR OFF-SITE EVENTS. WE FOLLOW EACH OF OUR
SITES' MAXIMUM PERSON CAPACITY TO ADHERE TO SAFETY PROTOCOLS WHEN
RECRUITING AND FILL THE SPACES UNTIL WE HIT THAT CAP OR UNTIL OUR
PROJECTS ARE COMPLETED. WE ALSO REQUIRE VOLUNTEERS TO HELP WITH
OFF-SITE EVENTS. WE ASSESS THE VOLUNTEER COUNT BASED ON A BREAKDOWN OF
WHAT IS NEEDED TO RUN EACH EVENT. DIFFERENT EVENTS HAVE DIFFERENT
VOLUNTEER NEEDS, SO WE CONSIDER WHAT IS NEEDED, CREATE THOSE ROLES, AND
THEN RECRUIT BASED ON THE ROLES WE NEED TO FILL. THE VOLUNTEERS PROVIDE
DIFFERENT SKILL SETS TO NORTHWEST HARVEST THAT BENEFIT THE ORG TO
ADVANCE ITS MISSION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW ANNUALLY AND ACCEPTED
THROUGH A BOARD VOTE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL LISTED MEMBERS OF THE BOARD ARE COVERED BY THIS POLICY. DISCLOSURE OF
POTENTIAL CONFLICT OF INTEREST MUST BE MADE IMMEDIATELY TO THE CEO AND
BOARD CHAIR WHO WILL MAKE THE DETERMINATION OF POTENTIAL CONFLICT AND THE
CONFLICT WILL BE REVIEWED BY THE ENTIRE BOARD. IF A CONFLICT IS DISCOVERED,
THE BOARD MEMBER LEAVES THE DISCUSSION AND DOES NOT VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND
 FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEO'S IN
 THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY
 THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

FORM 990, PART VI, SECTION C, LINE 19:
 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL
 STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.